附件二

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|  | |  | | --- | | 司标 | | | **天津市外国企业专家服务有限公司员工登记表** | | | | | | | | | | | | | | | |
| **编号** | | |  | |  |  | | |  | |  | | | **填表日期** | |  | |  |
| **\*姓名** | | |  | | **\*性别** |  | | | **\*出生日期** | |  | | | **\*民族** | |  | | **照片** |
| **\*籍贯** | | |  | | **\*政治面目** |  | | | **\*文化程度** | |  | | | **毕业院校** | |  | |
| **\*原档案存放处** | | |  | | | | | | **初次参加工作时间** | |  | | | **专业** | |  | |
| **家庭电话** | | |  | | | | | | **\*手机号码** | |  | | | **婚否** | |  | |
| **\*现住址** | | |  | | | | | | | | | | | | | | |
| **投保家财地址** | | |  | | | | | | | | | | | | | | |
| **\*身份证号** | | |  | | | | | **户口所在地** | | |  | | | | | | | |
| **退役证号** | | |  | | | | | **\*紧急联系人** | | |  | | **\*联系电话** | | | |  | |
| **所在公司名称** | | |  | | | | | **公司地址** | | |  | | | | | | | |
| **\*调入前是否已办就失业证** | | | |  | | | | **档案入区时间** | | |  | | | | | | | |
| **\*调入前是否已建立统筹保险账户** | | | |  | | | | **缴费截止日期** | | |  | **调入前统筹保险所在地** | | |  | | | |
| **\*调入前是否已经建立公积金账户** | | | |  | | | | **缴费截止日期** | | |  | **\*原公积金所在建行/农行** | | |  | | | |
| **本　人　简　历** | | **起　止　时　间** | | **院　校　及　单　位** | | | | | | **职　务** | | | | | | | | |
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| **家庭成员及社会关系** | | **关　系** | | **姓　名** | | | **单　位　及　职　务** | | | | | | | | | | | |
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| **在本公司终止合同时间、转出时间及单位** | | | | | | |  | | | | | | | | | | | |
| 1、此表须填表人认真写，项目需填写齐全、标准，带\*为必填项 | | | | | | | | | | | | | | | | | | |
| 2、与本表同时交身份证复印件一张、学历证复印件一张、一寸照片两张 | | | | | | | | | | | | | | | | | | |
| **本人提供的相关信息以及提交的相关证件真实可靠，如有虚假所产生的责任全部由本人承担。 签字确认：** | | | | | | | | | | | | | | | | | | |